

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/523251** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	2					
5	/					
6	0					
7	/					
8	0					
9	/					
10	0					
11	/					
12	/					
13	2					
14	0					
15	/					
16			/			
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TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	14	◀	19	◀		◀
TOTAL CLAIMS	16.	[REDACTED]	32	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.					◀	◀
TOTAL CLAIMS					◀	◀